

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **97787393**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		2		2			54						
5	1		1				55						
6	1		1				56						
7		2		2			57						
8		2		2			58						
9		①		2			59						
10	1		1				60						
11	1		1				61						
12		①		4			62						
13		1		4			63						
14		①		4			64						
15		2		2			65						
16		①		2			66						
17	1		1				67						
18		1		1			68						
19		1		1			69						
20		2		2			70						
21	1		1				71						
22		1		1			72						
23		1		1			73						
24		2		2			74						
25	1		1				75						
26		1		1			76						
27		①		4			77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8	↓	8	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	35	←	39	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	33		48				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS